

Breakout Session

Healthcare, Hospitals and Clinics

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Agenda

- **Mark Sizemore**
 - H1N1 vaccine clinical trials, distribution & KY vaccination plans
 - Registering as a provider
 - Recordkeeping requirements
 - State stockpiles and CDC SNS
 - ASPR H1N1 Pandemic Grant & requirements
- **Dick Bartlett**
 - NJHA Pandemic Planning Tools
 - Personnel issues and policies
 - Leadership and Operations
 - Ethics
- **Bill Farrell**
 - Protecting the workforce
 - PPE
 - Supply & Logistic management
- **Facilitated Group Discussion**

Mark Sizemore

- H1N1 vaccine clinical trials, distribution & KY vaccination plans
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Planning Today for a Pandemic Tomorrow

- Developed by NJHA on grant from Roche
- Compilation of resources to help prepare for a global pandemic
 - Checklists, sample policies, procedures
 - Video vignettes to stimulate discussion
- Modules
 - Communications
 - Ethics
 - Human Resources
 - Clinical Care
 - Operations
 - PsychoSocial
 - Supplies and Logistics
 - Finance
 - Legal
 - Leadership

Personnel Issues

- Limited available employees may be the most significant factor impacting on operations
 - Protecting your workforce during a pandemic.
 - Minimizing/managing staff absenteeism and the impact on operations.
 - Managing HR problems with diminished HR staff.
- Areas to consider:

- | | |
|----------------------------------|---|
| A. Initial Planning | I. Non-Clinical Volunteers |
| B. Attendance | i. Planning |
| i. Planning | ii. Policies for Consideration |
| ii. Policies for Consideration | J. Independent Contractors |
| C. Work Schedules | K. Credentialing |
| i. Planning | i. Planning |
| ii. Policies for Consideration | ii. Policy for Consideration |
| D. Prophylaxis | L. Unions/Collective Bargaining |
| i. Planning | M. Isolation and Quarantine |
| ii. Policies for Consideration | i. Background |
| E. Staff Assignment/Reassignment | ii. Planning |
| i. Planning | iii. Home Quarantine: Policies for Consideration |
| ii. Policies for Consideration | iv. Work Quarantine: Planning and Policy for Consideration |
| F. Incident Command Training | N. Employee Health |
| i. Planning | i. Planning |
| ii. Policy for Consideration | ii. Employee Return to Work Following Flu Diagnosis – Planning and Policy for Consideration |
| G. Education/Training | iii. Employee Protection Issues – Planning |
| H. Behavioral Health | |
| i. Planning | |
| ii. Policy for Consideration | |

Don't just assume normal personnel policies will handle it all!

- Here is one of the HR vignettes to consider on *“Staffing Shortages and Expectations”*
- Questions to consider with your management team:
 - Communicate your expectations – consider incentives
 - Adopt policies that address staff who don't or can't work
 - Adopt policies to suspend or limit voluntary leave & early retirements
 - Will policies be affected by collective bargaining?
 - Language to address staffing expectations in independent contracts
 - Adopt policies and responses for different reasons (employee illness, sick family, quarantine, fear, etc.)
 - Consequences for failure to report for work?
 - Process to appeal decisions in special circumstances
- Sample HR Policy on Emergency Opns (see handout)

Sustaining Operations

- Consider planning, cross-training, pre-training, exercises and COOP planning
- Here is one of the HR vignettes to consider on *“Activating your EOC and Sustaining Operations”*
- Questions to consider with your management team:
 - Adopt an ICS system
 - Make sure key personnel are trained in ICS and NIMS
 - Identify triggers to activate your plan and operation center
 - Adapt procedures for a pandemic
 - Integrate your ICS with the local, regional and state ICS structures
 - Maintain good communications for management, staff, patients, families, visitors, and the community (usually in coordination with a JIS)
 - Anticipate some level of EOC operations for 6-8 weeks – or longer

Ethics

- Lay the foundation for the process of making ethical decisions
- Representative issues that should be considered
 - Core Values
 - The Decision Making Process
 - Multidisciplinary Ethics Committee
 - Ethical Values and Processes
 - Ethical Conflicts
 - Health Care Worker Issues
 - Patient Issues
- Framework for Decision Making
 - Who should be heard; who should be at the table; who decides?
 - Gather information; key stakeholders; relevant outside considerations
 - What are the values creating conflict?
 - Review core values and priorities in a Pandemic
 - Alternatives?
 - Make the decision
 - Evaluate the decision's impact on the core values

- Here is one of the HR vignettes to consider on *“Scarce Resources”*
- Questions to consider with your management team:
 - Develop policies to assist in decision making (vents, drugs, etc.)
 - Identify any applicable protocols
 - Use an open, transparent plan process to handle difficult decisions
 - Support clinicians who are forced to make ethically difficult calls
 - Have a process to address concerns from employees who express moral or ethical difficulty with decisions
 - Determine if your facility will differentiate between “not providing care” vs “withdrawing care”
 - Develop policies that prevent “connected” people from circumventing the guidelines
- Utah Pandemic Flu Triage Guides
(Example for included for discussion – in workbook)

Bill Farrell

- Protecting the workforce
- PPE
- Supply & Logistic management

Protecting The Workforce

The oldest and strongest emotion of mankind is fear, and the oldest and strongest kind of fear is fear of the unknown.

- - - *H. P. Lovecraft*

Protection Guidance

- Encourage vaccination for seasonal flu.
- Establish guidelines for staff to follow if they become ill.
- Look at means for staff to work from home, where appropriate.
- Encourage hand washing and make available the necessary supplies.
- Where protective equipment is recommended, assure an adequate supply of materials (masks, respirators, gloves, goggles, gowns) are available and that staff have been trained/fitted for use.
- Follow CDC guidance for Respiratory Hygiene/Cough Etiquette in Healthcare Settings.
- Screening of patients presenting to a medical facility should be done in a negative pressure isolation room, if available.
- Limit the number of persons with contact to a known or unconfirmed/suspect H1N1 patient.
- Consider engineering controls to reduce consumption of personal protective equipment.
- *It is important to note that in addition to occupational exposure risks, employees will also have non-occupational exposure risks. Such non-occupational exposure risks could include commuting to and from work on public transportation (e.g., bus or train) or other community exposures (e.g. shopping). By addressing non-occupational exposure risks, employers and employees can minimize the chances of an employee bringing illness into the workplace.*



Personal Protective Equipment



- All healthcare personnel who enter the patient's room should take *standard and contact precautions plus eye protection should be used* for all patient care activities for patients being evaluated or in isolation for novel H1N1 .
- All healthcare personnel who enter the rooms of patients in isolation with confirmed, suspected, or probable novel H1N1 influenza should wear a fit-tested disposable N95 respirator or better. Respiratory protection should be donned when entering a patient's room.

Personal Protective Equipment

Respirators and facemasks

Table 2: Stockpiling Estimates for Respirators and Facemasks

| Occupational setting | Proportion of medium or higher risk employees | Number of respirators or facemasks per employee per work shift | | Number of respirators or facemasks per employee for a pandemic (120 work days) | |
|---|---|--|-------------------------|--|-------------------------|
| | | N95 Respirators (high or very high risk) | Facemasks (medium risk) | N95 Respirators (high or very high risk) | Facemasks (medium risk) |
| Healthcare | | | | | |
| Hospital ¹ | 33% | 4 ² | 0 | 480 | 0 |
| Outpatient office/clinic | 67% | 4 | 0 | 480 | 0 |
| Long term care | 25% | 1 | 3 | 120 | 360 |
| Home healthcare | 90% | 2 | 4 | 240 | 480 |
| Emergency medical services | 100% | 8 | 0 | 960 | 0 |
| First responders | | | | | |
| Law enforcement | 90% | 2 | 2 | 240 | 240 |
| Corrections | 90% | 1 | 3 | 120 | 360 |
| Fire department (non-EMS, career and volunteer) | 90% | 2 | 2 | 240 | 240 |
| Medium risk employees | See Note³ | 0 | 2 | 0 | 240 |

Supplies and Logistics

- A. Medical Supplies
- B. Pharmaceuticals
- C. Surgical Supplies
- D. Patient Comfort Supplies
- E. Laundry
- F. Food Service
- G. Housekeeping
- H. Morgue
- I. Transportation Services
- J. Laboratory
- K. Radiology
- L. Respiratory Support and Care
- M. Waste Removal
- N. Central Sterilization

Considerations

- Just like your plans for reduced workforce due to illness, your support vendors and service providers will face similar issues.
- Evaluate your contracts and understand their continuity of operations plan.
- Establish relationships with 2-3 providers for each service to reduce the impacts of disruptions.
- Have 24 hr contact information for key vendors.
- Look to non-traditional, local sources for support (i.e. Target or Sears for linens)

Do you have plans for your waste?



Thank You

Well humans,
it's been fun.

